

FIRE AND LIFE SAFETY AGREEMENT INITIAL APPLICATION AND ANNUAL RENEWAL FORM

Check One: Licensed Gr	roup Day Care Lic	censed Day Care Home	Register	red Family D	Day Care	e Home	
Check One: Initial Licen	nse/Certificate Annual		C. ti	Car North			
		(License	e or Certii	ficate Numb	er)		
I,	is listed on your license	DED	have pro	vided the fo	llowing	:	
(Print your name as it	is listed on your license	e or certificate)					
I understand that I am respo	onsible for meeting the	fire and /life safety codes to	protect a	all persons in	my ho	me under	my care from fire.
This year I notified the fire	have contacted my local fire department and building/zoning official and have met all local fire safety requirements. his year I notified the fire department closest to my home that I do childcare in my home. The fire department I notified was: The Department Name						
I understand that my basem outside, only ONE exit can everyone under my care, sa demonstrate this ability in a	be an approved escape afely out of my home to	window. I understand that a designated safe place wit	I must be hin 4 min	e able to den	nonstrat	e that I c	an get
I have working smoke detect leading directly to the outsi and records are kept for rev batteries at least two times	de and in each sleeping view. (If battery powere	room used by children in red smoke detectors are insta	ny care. I	My smoke d	etectors	are teste	d monthly
I have a written emergency with my emergency plan an					lren in n	ny home	are familiar
I understand all areas of my Agreement.	home may be inspecte	d at any time by State/local	officials	to determine	e compl	iance wit	h this
I agree to follow all fire and of the Kansas State Fire M					cted by	an authoi	rized representative
I understand that a copy of	this Agreement must be	e posted next to my license	or certific	ate at all tim	nes.		
I understand by signi understand that if ins administrative action	spected and found		_				ument. I
(Date:)		Care Home or Licensed Group Day Care Home has been inspected by a the Kansas State Fire Marshal or my local fire department.					
	MUST HAVE A DA	ATE IF HOME HAS ALF	READY B	BEEN INSP	ECTEI)	
Signature of Provider		DaytimePhone			_Date _	_//_	
Address							
	Address	City	State	Zip Code	:	Count	 .y